INSTRUCTIONS FOR NOTIFICATION OF POSSESSION OF SELECT AGENTS 
OR HIGH CONSEQUENCE LIVESTOCK PATHOGENS AND TOXINS

All recipients of this form must complete boxes #1-6.
Identify the agents found on the website on line 7 and list each agent or toxin used or possessed by your laboratory.
For each agent identified, check the appropriate descriptive category or categories, if known.
Provide the information in boxes #8-12. Check all boxes that apply.
If your laboratory does not possess any agents listed on the website, provide only the information requested in boxes #13-15.
Do not report quantities of agents or toxins.

DEFINITIONS OF CATEGORIES:

**Viable:** Capable of replication on its own, in cell culture, or in an appropriate host.
Recombinant organism, Nucleic acid, or Genetic elements from agent include any of the following:

- Nonviable agents
- Full-length nucleic acid from any of the viruses on the list. For Variola major virus (Smallpox), any segment that exceeds 100 nucleotides in length.
- Natural or synthetic nucleic acids from bacteria, fungi, or viruses on the list that encode for either a functional toxin or virulence factor sufficient to cause disease, or natural or synthetic nucleic acid that encodes for a functional toxin of any of the toxins listed; if: (1) expressed in vivo; (2) in an expression vector or host chromosome; or (3) in a carrier plasmid.

**Altered USDA or FDA approved vaccine strains:** Vaccine strains that have been modified from their original licensed, approved or registered forms.
NOTIFICATION OF POSSESSION OF SELECT AGENTS OR HIGH CONSEQUENCE LIVESTOCK PATHOGENS AND TOXINS

1. Principal Investigator: _______________________________
2. Department: _______________________________
3. Laboratory Room Number(s): _______________________________
4. Building: _______________________________
5. Phone: _______________________________ FAX: _______________________________
6. E-mail: _______________________________

7. HHS Select Agents -- Identify select agents and toxins from the referenced website:

http://www.selectagent.gov/Select%20Agents%20and%20Toxins.html

Then indicate for each:
1) Viability
2) Recombinant Organism, Nucleic Acid or Genetic Element from Agent
3) Altered USDA or FDA Approved Vaccine Strains
4) Registered with HHS Select Agent Program

8. Type of Work Performed by Laboratory: ___ Diagnostic Work ___ Large Scale Production
___ Vaccine Development ___ Teaching
___ Research ___ Storage Only (No current work)
___ Use in animals ___ Other (specify) _____________

9. List all USDA Veterinary permit Numbers for Importation and Transportation of Controlled Materials and Organisms and Vectors Numbers (if applicable): __________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

I hereby certify that I am the designated Responsible Party or Principal Investigator for the laboratory listed above, and that the information supplied on this form is to the best of my knowledge accurate and truthful. I understand that a false statement on any part of this form could result in a fine up to $500,000 or imprisonment of up to five years, or both for each violation (18 USC 1001; 18 USC 3559.3571)

10. Signature of Principal Investigator: _______________________________
11. Print Name: _______________________________ 12. Date: _______________________________

DECLARATION OF NON-POSSESSION: THIS LABORATORY DOES NOT POSSESS AN AGENT ON THIS LIST

I hereby certify that I am the designated Responsible Party or Principal Investigator for the laboratory listed above, and that the information supplied on this form is to the best of my knowledge accurate and truthful. I understand that a false statement on any part of this form could result in a fine up to $500,000 or imprisonment of up to five years, or both for each violation (18 USC 1001; 18 USC 3559.3571)

13. Signature of Principal Investigator: _______________________________
14. Print Name: _______________________________ 15. Date: _______________________________

Return this form to:
John K. Donovan  OR  David G. Davies
Biosafety Officer  Biosafety Committee Chair
Dept. of Environmental Health and Safety, LHSW-110  Department of Biological Sciences
Binghamton University, P.O. Box 6000  Biotechnology Building, Room 2402
Binghamton, NY 13902-6000  Binghamton University, P.O. Box 6000
(607) 777-6834  Binghamton, NY 13902-6000
(607) 777-2006

1/2/12